

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032527

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registar's No.

8234

STATE FILE NUMBER

FILED AUG 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

8 wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. John's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN Florissant

d. STREET ADDRESS

(If outside, give location)

1885 St. Francois

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Thomas

Middle

J.

Last

Hennessy

4. DATE OF DEATH

Month

Day

Year

August 22, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/28/1904

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attorney

10b. KIND OF BUSINESS OR INDUSTRY

Law

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

James Hennessy

13b. MOTHER'S MAIDEN NAME

Margaret Lee

14. NAME OF HUSBAND OR WIFE

Hazel (Statler) Hennessy

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hazel Hennessy 1885 St. Francois

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma either primary

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

isophagus or lung.

DUE TO (c)

199.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

bronchial pneumonia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July 62

to

Aug 22 62

and last saw her

him

live on Aug 22 62

Death occurred at

5:50 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

Aug. 25, 1962

Calvary Cemetery

St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Morrell Mortuary 3710 North Grand

AUG 24 1962

Hazel Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300
Rev. 4/59

1

3

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74

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Laron E. Percy
4094

Licensed Embalmer No. _____

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.